



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		57136.59
(b) Cash on Hand at Beginning of Reporting Period.....	73533.76	
(c) Total Receipts (from Line 19) .....	9408.76	18805.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	82942.52	75942.52
7. Total Disbursements (from Line 31).....	11000.00	4000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	71942.52	71942.52
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8234.31	12845.32
(ii) Unitemized .....	1174.45	5960.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9408.76	18805.93
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9408.76	18805.93
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9408.76	18805.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9408.76	18805.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	3500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	500.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	4000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9408.76	18805.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9408.76	18805.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Della Alexander**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare Group Inc. Regional Financial Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : A2012-925113**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Michael Boxer**

Mailing Address 29 Ball Mill Place

City State Zip Code  
 Atlanta GA 30350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : A2012-1066156**

Amount of Each Receipt this Period  
 1250.00

Full Name (Last, First, Middle Initial)  
**C. William A Crommett**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CIOSVP IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : A2012-924879**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1315.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. William A Crommett**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CIOSVP IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2012

**Transaction ID : A2012-924981**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. William A Crommett**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CIOSVP IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012

**Transaction ID : A2012-925050**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012

**Transaction ID : A2012-924888**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : A2012-924990**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Huong Dang**

Mailing Address 2909 West Willits

City State Zip Code  
 Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : A2012-925059**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Robert Fancy**

Mailing Address 27442 Portola Parkway

City State Zip Code  
 Foothill Rnach CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VP Risk Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : A2012-925063**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CAO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : A2012-925055**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Boyd W Hendrickson**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : A2012-924877**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Boyd W Hendrickson**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : A2012-924979**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Boyd W Hendrickson</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2012 <b>Transaction ID : A2012-925048</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 200.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2012 <b>Transaction ID : A2012-925064</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Jose Lynch</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2012 <b>Transaction ID : A2012-924878</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 192.31
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation President and COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	417.31
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Jose Lynch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Parkway  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC President and COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1538.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : A2012-924980**  
 Amount of Each Receipt this Period  
 192.31

**B. Jose Lynch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Parkway  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC President and COO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1730.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : A2012-925049**  
 Amount of Each Receipt this Period  
 192.31

**C. Frederic Maas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC SVP Director of Tax  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : A2012-924883**  
 Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 423.08  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Frederic Maas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC SVP Director of Tax  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 307.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : A2012-924985**  
 Amount of Each Receipt this Period  
 38.46

**B. Frederic Maas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC SVP Director of Tax  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : A2012-925054**  
 Amount of Each Receipt this Period  
 38.46

**C. Jon Monks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare Group Inc. Administrator  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : A2012-925145**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 176.92  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Jon Monks**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**04 / 27 / 2012**  
**Transaction ID : A2012-924974**

Amount of Each Receipt this Period  
**100.00**

**B. Jon Monks**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
**05 / 11 / 2012**  
**Transaction ID : A2012-1066082**

Amount of Each Receipt this Period  
**100.00**

**c. D. Shane Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc. Occupation Pres Signature Homecare Hospic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**04 / 13 / 2012**  
**Transaction ID : A2012-925146**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. D. Shane Peck**

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : A2012-924975**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. D. Shane Peck**

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

**Transaction ID : A2012-1066083**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**C. Bernard Puckett**

Mailing Address 45 Copper Creek

City Irvine	State CA	Zip Code 92603
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation Director
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

**Transaction ID : A2012-1066196**

Amount of Each Receipt this Period  

1250.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Roland Rapp</b>		Date of Receipt MM / DD / YYYY 04 / 06 / 2012 <b>Transaction ID : A2012-924880</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	

Full Name (Last, First, Middle Initial) <b>B. Roland Rapp</b>		Date of Receipt MM / DD / YYYY 04 / 20 / 2012 <b>Transaction ID : A2012-924982</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

Full Name (Last, First, Middle Initial) <b>C. Roland Rapp</b>		Date of Receipt MM / DD / YYYY 05 / 04 / 2012 <b>Transaction ID : A2012-925051</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Linda Rosenstock**

Mailing Address 27442 Portola Parkway

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 UCLA Dean

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 04 / 13 / 2012  
**Transaction ID : A2012-1066198**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Glenn S Schafer**

Mailing Address 29 Fresco

City State Zip Code  
 Irving CA 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 04 / 13 / 2012  
**Transaction ID : A2012-1066197**

Amount of Each Receipt this Period  
 1250.00

Full Name (Last, First, Middle Initial)  
**C. Kelly Smith**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC Area President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 05 / 04 / 2012  
**Transaction ID : A2012-925060**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2275.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Peter Stong**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC VPO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : A2012-924938**  
 Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**B. Peter Stong**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC VPO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : A2012-925040**  
 Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Peter Stong**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC VPO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2012  
**Transaction ID : A2012-925109**  
 Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Bilbray for Congress**

Mailing Address 991C Lomas Santa Fe Drive #192

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement Contribution

011

Candidate Name

**Brian P Bilbray**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: CA District: 50

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2012

**Transaction ID : B391440**

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated 08/29/2011

Full Name (Last, First, Middle Initial)

**B. Wilson for Senate**

Mailing Address P.O. Box 10248

City Albuquerque State NM Zip Code 87184

Purpose of Disbursement Contribution

011

Candidate Name

**Heather Wilson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NM District:

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2012

**Transaction ID : B410831**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**Charles E Schumer**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
04 / 13 / 2012

**Transaction ID : B408677**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Rd Suite I

City West Chester State OH Zip Code 45069

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**John A Boehner**

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

**Transaction ID : B409757**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Castro for Congress**

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Joaquin Castro**

Office Sought:  House  
 Senate  
 President  
State: TX District: 20

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2012

**Transaction ID : B408237**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

**TOTAL** This Period (last page this line number only)..... ▶

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Pitts Campaign**

Mailing Address P.O. Box 561

City Waxahachie State TX Zip Code 75168

Purpose of Disbursement  
P-2012 State House 10 TX

011

Category/  
Type

Candidate Name

**Jim Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : B410216**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

500.00

500.00